

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/567266		FILING DATE				
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1				51		①		1		
2		1		1			52		①		1		
3		1		1			53		①		1		
4		①		1			54	1		1			
5		②		1			55		1		1		
6		②		1			56	1		1			
7		③		1			57	1		1			
8		③		1			58		1		1		
9		③		1			59		2		1		
10		③		1			60	1		1			
11		③		1			61	1		1			
12		③		1			62	1		1			
13		③		1			63	1		1			
14		③		1			64		1		1		
15		③		1			65		2		1		
16		③		1			66		①		1		
17		③		1			67	1		1			
18		③		1			68	1		1			
19		③		1			69		1		1		
20		③		1			70	1		1			
21		③		1			71		1		1		
22		③		1			72		③		1		
23		③		1			73		③		1		
24		③		1			74		③				
25		③		1			75		③		1		
26		③		1			76		③		1		
27		③		1			77		③		1		
28		③		1			78		③		1		
29		③		1			79						
30		③		1			80						
31		③		1			81						
32		③		1			82						
33		③		1			83						
34		③		1			84						
35		③		1			85						
36		③		1			86						
37		③		1			87						
38		③		1			88						
39		③		1			89						
40		③		1			90						
41		③		1			91						
42		③		1			92						
43		③		1			93						
44		③		1			94						
45		③		1			95						
46		③		1			96						
47		③		1			97						
48		③		1			98						
49		③		1			99						
50		③		1			100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	11	↓	11	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	69	←	66	←		←
TOTAL CLAIMS							TOTAL CLAIMS	80		77			